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REPORT
No. 97-468

ALCOHOL ABUSE AND ALCOHOLISM AND DRUG ABUSE AMENDMENTS OF 1982

JUNE 8, 1982.—Ordered to be printed

Mr. HUMPHREY, from the Committee on Labor and Human Resources, submitted the following

REPORT

together with

ADDITIONAL VIEWS

[To accompany S. 2365]

The Committee on Labor and Human Resources, to which was referred the bill (S. 2365) to revise and extend programs relating to alcohol abuse and alcoholism and drug abuse, having considered the same, reports favorably thereon with amendments and recommends that the bill as amended do pass.

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I. SUMMARY OF LEGISLATION

As approved by the Committee, S. 2365 extends the authorization for the Comprehensive Alcohol Abuse and Alcoholism Research and Prevention Act and the Drug Abuse Research and Prevention Act (Formerly the Alcoholism Prevention, Treatment and Rehabilitation Act, and the Drug Abuse Prevention, Treatment and Rehabilitation

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Act) for two years, maintains a separate National Institute on Alcohol Abuse and Alcoholism (NIAAA) and a separate National Institute on Drug Abuse (NIDA); authorizes $32,911,000 for research on alcohol abuse and alcoholism in 1983 and the same amount in 1984, and $46,356,000 for research on drug abuse in 1983 and the same amount in 1984; streamlines the reporting requirements of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse and the White House Office of Drug Abuse Policy; provides for uniform data collection on and qualitative evaluation of the Alcohol, Drug Abuse and Mental Health Block Grant; repeals the section establishing the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism; and sets a Federal priority on disseminating current information on alcoholism and drug abuse.

II. History of S. 2365, Including Hearings

S. 2365, a bill to revise and extend the Comprehensive Alcohol Abuse and Alcoholism Research and Prevention Act and the Drug Abuse Research and Prevention Act, was introduced on April 14, 1982 by Senator Humphrey, and was referred to the Committee on Labor and Human Resources and its Subcommittee on Alcoholism and Drug Abuse.

On April 30, 1982 the Subcommittee conducted a poll pursuant to the rules of the Labor and Human Resources Committee and ordered the bill as introduced favorably reported to the full Committee. Senators Humphrey, Hatch, and Denton voted to favorably report the bill, Senator Matsunaga voted yes with reservations and Senator Riegle abstained.

On May 6, 1982 the Committee on Labor and Human Resources met in open executive session to consider S. 2365. The Committee accepted a technical amendment to the Public Health Service Act offered by Senator Randolph on a voice vote. Senator Hatch offered an amendment to direct the Secretary of HHS to develop a uniform system of data collection for reporting on the effectiveness of the Alcohol Drug Abuse and Mental Health Block Grant which was accepted on a voice vote. Senator Matsunaga offered an amendment to include Native Hawaiians in the definition of Native Americans in the bill which was accepted on a voice vote. Senators Hawkins, Hatch and Riegle offered an amendment to increase the research funding levels for 1983 and 1984 in alcohol research from $24,813,000 per year to $32,911,000 per year and in drug research from $41,733,000 to $46,356,000 per year. The amendment was carried 14 to 2. The Committee then voted to favorably report the bill 14–2.

Extensive oversight hearings were held on the activities of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse prior to the introduction of S. 2365.

A public hearing was held on July 27, 1981 by the Subcommittee on Alcoholism and Drug Abuse in Washington, D.C. The July 27th hearing was oversight on the Research Activities of the National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism, and the following individuals testified:

Pollin, William M.D., Director, National Institute on Drug Abuse, accompanied by Marvin Snyder, Director, Division of Research, and

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Jack Durell, Acting Director, Division of Prevention and Treatment Development.

Josephson, Eric, Ph. D., Director, Center for Sociocultural Research on Drug Abuse, Columbia University, New York, N.Y.; Morris A. Lipton, Professor of Psychiatry and Biochemistry, University of North Carolina, Chapel Hill, N.C.; Gabriel Nahas Professor of Anesthesiology, Columbia University, New York, N.Y.; and Saul B. Sells, Research Professor and Director, Institute of Behavioral Research, Texas Christian University, Fort Worth, Tex., a panel.

Archer, Loran, Acting Deputy Director, National Institute on Alcohol Abuse and Alcoholism, accompanied by Gian Salmoiraghi, Associate Director for Research.

Deitrich, Richard A., Professor of Pharmacology, University of Colorado School of Medicine, Denver, Colo., representing the Research Society on Alcoholism; Edith S. Gomberg, Professor and Research Scientist, School of Social Work, University of Michigan, Ann Arbor, Mich.; Sheldon I. Miller, Professor of Psychiatry, Case Western Reserve University School of Medicine, Cleveland, Ohio, and Director, Department of Psychiatry, Cleveland Metropolitan General Hospital; and David J. Pittman, Chairman and Professor of Sociology, and Research Director, Social Science Institute, Washington University, St. Louis, Mo., a panel.

A Public hearing was held on February 24, 1982 by the Subcommittee on Alcoholism and Drug Abuse in Washington, D.C. The February 24th hearing was oversight on Federal activities on the prevention of alcohol and drug abuse, and the following individuals testified:

Dr. Carlton Turner, White House Senior Policy Advisor, Office of Policy Development. Accompanied by: Mr. Thomas Pauken, Director, ACTION; Dr. William Mayer, Administrator, Alcohol, Drug Abuse and Mental Health Administration. Accompanied by Dr. William Pollin, Director, National Institute on Drug Abuse and Mr. Loran Archer, Acting Director, National Institute on Alcohol Abuse and Alcoholism, a panel.

Dr. Severinghaus, Project Cork, Executive Committee, Dartmouth College; Mr. Jerry McCord, South Carolina Commission on Alcohol and Drug Abuse; Mrs. Gail Judd, President, Utah State PTA; Mr. Gordon L. Steinhauer, National Council on Alcoholism, a panel.

Mr. Otto Moulton, Treasurer, National Federation of Parents For Drug-Free Youth; Mr. Barry Rhodes, Deputy Director, N.H. Office of Alcohol and Drug Abuse Prevention; Mr. Robert Kramer, Coordinator, Drug and Alcohol Program Anne Arundel County; Mrs. Beverly Kinard, President, Colorado Federation for Parents, Inc., a panel.

III. Background

Federal response to alcoholism and alcohol abuse

Prior to 1967, with a few notable exceptions, alcoholism and alcohol abuse had been generally ignored by all levels of government. The major source of assistance for those with alcohol abuse problems was the private voluntary sector, and a small number of private treatment clinics. By 1967, alcoholism had been recognized as a disease by the

World Health Association, the American Medical Association, the American Hospital Association, and the American Psychiatric Association. In addition, several federal court cases had held that alcoholism is an illness or disease. During the late 1960's the alarmingly high incidence of the disease of alcoholism had also begun to be recognized by health officials.

The initial response of the Congress was passage of the District of Columbia Alcoholic Rehabilitation Act of 1967 (Public Law 90–452), which directed the establishment of a system for treating the illness of the alcoholic rather than condemning him to the "revolving door" of arrest, incarceration, release and re-arrest. This approach was then applied nationally through the Alcoholic Rehabilitation Act of 1968 (Public Law 90–574), and the Community Mental Health Centers Amendments of 1970 (Public Law 91–211).

Following hearings in 1970, the Senate Committee on Labor and Public Welfare favorably reported S. 3835, the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (Public Law 91–616), creating the National Institute on Alcohol Abuse and Alcoholism, and authorizing a three-year program of formula grants to the states, and contracts and project grants, all aimed at the prevention and treatment of alcohol abuse and alcoholism. The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1974 (Public Law 93–282) removed the National Institute on Alcohol Abuse and Alcoholism from the National Institute of Mental Health, and directed the Secretary of the Department of Health, Education, and Welfare, through the Institute, to coordinate the efforts of other federal agencies and federally supported programs. The Act also required a report on alcohol and health every three years, extended the state Formula Grant Program for three years, and authorized the Department of Health, Education, and Welfare, on the request of a state, to assign departmental employees or equipment to a state to assist in the administration of the state's plan.

Public Law 93–282 also required the state Alcolohism Advisory Councils to include representation for minority and poverty groups. A new section authorized special grants to encourage states to adopt the Uniform Alcoholism and Intoxication Treatment Act recommended by the National Conference on Uniform State Laws (or substantially similar legislation). Those states which qualified would receive a grant of $100,000 plus 10 percent of their formula allotments. These grants were funded for the first time in fiscal year 1976. The act also extended the authorization for project grants and contracts, and prohibited any public or private hospital receiving funds from federal agency sources from discriminating in its admission or treatment policies on account of an individual's alcohol abuse or alcoholism.

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1976 (Public Law 94–371) revised the formula under which grants to the states were distributed to assure that allotments be determined on the basis of the relative population, financial need, and the need for more effective prevention, treatment, and rehabilitation of alcohol abuse and alcoholism, and extended the formula grant authorization for three years at reduced levels. The act required that state plans submitted to qual-

ify for the Formula Grant Program include various assurances. The aim of this reqirement was to assure better planning and coordination with other state programs; encourage the development of non-medical modes of treatment and recognition of previous experience of treatment personnel; assure that the prevention and treatment needs of women and individuals under the age of 18 be met; require the states to monitor compliance of hospitals and out-patient facilities with non-discrimination against alcoholics and alcohol abusers in admission or treatment policies; require that each state submit a report every three years containing an assessment of the progress of the state in implementing its plan; and allow for a common filing date with the state plan required under the Drug Abuse Office and Treatment Act of 1972.

The act extended for three years the authorization for incentive grants to states which adopted the Uniform Act, combining the authorization with the authorization for project grants and contracts, and increasing the amount each state could receive for this purpose to $150,000 plus 20 percent of its formula grant. The number of years during which each qualifying state could reecive such incentive grants was extended from three to six years. The act also extended for three years the authorization for project grants and contracts, and required that in awarding such grants, special emphasis be placed on projects for the coordination of treatment, prevention, training and resources; treatment and prevention in underserved populations; and education and training to enable personnel to meet certification requirements; required bilingual project or program personnel under certain circumstances; and required special consideration of projects designed to serve women and persons under the age of 18.

This act also added a new title specifically authorizing an expended research program by the National Institute on Alcohol Abuse and Alcoholism, including authority for intramural research, and a new authorization for the creation of national alcohol research centers.

The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act Amendments of 1979, (Public Law 96–180), finally enacted on January 2, 1980, extended federal alcoholism and alcohol abuse programs through fiscal year 1981, including incentive grants to states that adopt the Uniform Alcoholism and Intoxication Treatment Act. It required the National Institute on Alcohol Abuse and Alcoholism to make programs for underserved populations such as women and adolescents a high priority, extended eligibility in alcohol abuse programs for federal civilian employees to the families of such employees, required state alcoholism advisory councils to include as members women and elderly persons, and required state alcoholism plans to estimate the needs of these groups, and required states receiving formula grants to coordinate their alcoholism and drug abuse activities and to encourage the development of alcoholism programs in state and local government, private business and industry.

Public Law 96–180 also authorized a National Commission on Alcoholism and other alcohol-related problems, with a two-year, $1 milion authorization. This commission was to be composed of four Senators, four Congressmen, and nine public members appointed by the Presi-

dent. The commission was to conduct a study of alcoholism and alcohol-related problems, including an evaluation of the effectiveness of existing prevention programs and a survey of unmet research needs. Although commission members have been appointed and the commission has conducted a single organizational meeting, further activity has been deferred due to a difficulty in securing the necessary appropriations.

Concern over fetal abnormalities in infants born to certain mothers who consume alcoholic beverages, as well as other health hazards, and interest in health warning labels on alcohol beverage containers, prompted the requirement of a report to be conducted jointly by the Bureau of Alcohol, Tobacco and Firearms and the Department of Health, Education and Welfare. This report was to consider the extent and nature of birth defects associated with alcohol consumption by pregnant women, other health hazards associated with alcoholic beverages, and actions which should be taken by federal agencies with respect to informing the general public of such hazards. The November, 1980 report concluded that it would be "premature to recommend health warning labels for alcoholic beverages at this time." If substantial improvement in alcohol abuse was not achieved as a result of the involvement of the industry in warning the public voluntarily, and in combination with expected increases in public awareness campaign efforts, the report recommended that Congress reconsider the warning label issue. Reacting to the report, the Carter White House disclaimed the conclusion against warning labels, at this time, as not being the policy of the Administration.

Since its creation in 1971, the National Institute on Alcohol Abuse and Alcoholism has developed a variety of prevention, treatment, and rehabilitation programs to deal with the problems of alcoholism and alcohol abuse. The Institute has also sponsored intramural and extramural research efforts aimed at a better understanding of the causes of alcohol abuse and the health consequences of such abuse, and at identifying more effective prevention, treatment, and rehabilitation programs. The Institute has also been involved in the training of personnel to deal with the problems of alcohol abuse.

FEDERAL RESPONSE TO DRUG ABUSE

On March 21, 1972, the Drug Abuse Office and Treatment Act of 1972 (Public Law 92–255) was signed into law. The purpose of the 1972 act was to "focus the comprehensive resources of the federal government and bring them to bear on drug abuse with the immediate objective of significantly reducing the incidence of drug abuse in the United States within the shortest possible period of time, and to develop a comprehensive, coordinated long-term federal strategy to combat drug abuse."

In 1972, illicit drug abuse was widely perceived to have reached epidemic proportions, afflicting between 200,000 and 300,000 individuals. The linkages between drug abuse and other societal problems and costs were also widely recognized. These included increased crime rates, rates of death, increased health costs, lost productivity, and other associated costs.

In response to the drug abuse problem, the 1972 act established the Special Action Office for Drug Abuse Prevention (SAODAP) within

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the executive office of the President. It required the Director of SAODAP to provide overall planning and policy, and to establish objectives and priorities for all Federal drug abuse prevention functions. Secondly, the act provided for the establishment of the National Advisory Council for drug abuse prevention to advise the SAODAP Director. Thirdly, it required the President to establish a strategy council to prepare a comprehensive Federal drug abuse strategy.

Finally, Public Law 92–255 provided authority for an expended drug abuse prevention and treatment program, establishing the National Institute on Drug Abuse within the National Institute on Mental Health. This included formula grants to the state as well as special project grants and contracts for drug abuse treatment and prevention programs. In 1974, Public Law 93–282 removed NIDA from the National Institute on Mental Health, and located the agency in the newly created Alcohol, Drug Abuse, and Mental Health Administration.

On March 19, 1976, the Congress enacted amendments to the Drug Abuse Office and Treatment Act of 1972 (Public Law 94–237). The intent of this new legislation was to continue the focus of governmental resources on the problem of drug abuse, while recognizing that drug abuse problems could not be solved as rapidly as envisioned by the 1972 act.

The 1976 amendments made several changes in the drug abuse program. They established the Office of Drug Abuse Policy (ODAP) within the executive office of the President. SAODAP's drug abuse programmatic responsibilities were transferred to the National Institute on Drug Abuse. In addition, the authority and role of the Secretary of HEW and the Director of NIDA respecting drug abuse functions were clarified, and the authorizations of appropriations for state formula grants and project grants and contracts were extended for three fiscal years, through fiscal year 1978. The Office of Drug Abuse Policy took over the coordinating functions of SAODAP, which had been phased out.

The 1976 amendments made clear that this committee and the Congress as a whole were dissatisfied with inconsistent and sometimes conflicting Federal drug abuse policies, with no clear overall direction. The involvement of numerous agencies in enforcement issues, prevention, education, treatment and rehabilitation created special problems. The Congress was particularly concerned with establishing a central mechanism for accountability to assure an integrated strategy.

In Title II of the Drug Abuse Office and Treatment Act, as amended in 1976, ODAP's functions were spelled out in great detail. Its role was to ensure a coherent Presidential Drug Abuse Policy throughout the executive branch. It was to be headed by the Director and Deputy Director, both of whom were subject to Senate confirmation Both were by statute required to testify before Congressional committees when so requested. Previously, White House aides had refused to testify when requested, citing executive privilege.

President Ford signed the legislation authorizing ODAP on March 19, 1976, but the Office was not initiated until President Carter issued a memorandum on March 14, 1977.

On July 15, 1977, the President sent to Congress reorganization plan No. 1. Among other things, this plan proposed to abolish ODAP.

This proposal was questioned by various members of Congress, including members of the Senate Subcommittee on Alcoholism and Drug Abuse and of the Governmental Affairs Committee. Subsequent meetings occurred among members of Congress, the reorganization staff of the Office of Management and Budget, and Mr. James McIntyre, then Deputy Director and subsequently Director of the Office of Management and Budget to discuss these issues.

In a letter of September 25, 1977, Mr. McIntyre assured concerned members of Congress that the overall functions of ODAP would continue to be carried out within the Executive Office of the President. They would be handled primarily by the Domestic Policy Staff, with several members of that staff assigned exclusively to drug abuse issues.

With respect to ODAP, the President's reorganization plan took effect on March 26, 1978. A core staff of ODAP was transferred directly to the Domestic Policy Staff under the direction of the Associate Director of Drug Policy, Dr. Lee Dogoloff, who had previously served as Deputy Director of ODAP.

The Drug Abuse Prevention and Treatment Amendments of 1978 (Public Law 95-461) provided a one year extension of the appropriations authorized under the 1972 act. The 1978 amendments also required the Secretary of HEW to transmit to the President and the Congress an annual report on the health consequences and extent of drug abuse in the United States, a description and evaluation of the effectiveness of drug abuse functions carried out by the Department of HEW, a description of the manner in which such functions were carried out, a description and evaluation of the effectiveness of experimental methods and programs, and proposals for changes in the drug abuse functions carried out through the Department, including legislative changes. This provision was intended to increase the evaluation capabilities of the Executive Branch and the Congress, provide information for those working in the drug abuse field, and serve as an additional mechanism by which the effectiveness of the President's drug abuse reorganization measures could be gauged. In addition, the act required a report from the Secretary of HEW on the extent and nature of drug abuse in rural areas, the special needs and circumstances which must be addressed in performing drug abuse prevention functions in such rural areas with specific recommendations. This report was required in order to assure that federal drug abuse functions do not neglect rural areas.

Subsequent to enactment of the 1978 amendments, the Domestic Policy Staff continued to exercise primary responsibility for the coordination of drug abuse policy. However, personnel changes within the Executive Branch caused concern among members of Congress because the continued coordination of drug abuse policy, required by the 1972 act and its subsequent amendments, was dependent upon the continued interest and commitments of the President and other individuals within the Executive Branch, rather than being clearly structured by statute as had been the case prior to implementation of the reorganization plan. However, the administration eventually developed a draft executive order setting forth the responsibilities of the Associate Director for Drug Policy, and of the Drug Policy Office of the

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Domestic Policy Staff with respect to formulating and coordinating federal drug policy.

Enacted on January 2, 1980, the Drug Abuse Prevention, Treatment and Rehabilitation Amendments of 1979 (Public Law 181) eliminated reference to the Office of Drug Abuse Prevention in the title of the 1972 act by renaming it the "Drug Abuse Prevention, Treatment and Rehabilitation Act of 1972". The act also formalized the drug abuse coordination functions being carried out by the White House Domestic Policy Staff, the successor to the Office of Drug Abuse Policy.

The act extended the authorizations for federal drug abuse programs through fiscal year 1981. It required preferential treatment of applications for project grants and contracts aimed at the drug problems of women, the elderly and youth under the age of 18. The act also directed the National Institute on Drug Abuse to develop model prevention and treatment programs for use in the workplace, and to distribute information regarding such model programs to state agencies. In addition, the act required that at least 7 percent of project grant and contract funds be used for prevention activities in fiscal year 1980, and at least 10 percent in fiscal year 1981.

The Drug Abuse Prevention, Treatment, and Rehabilitation Amendments of 1979 authorized the National Institute on Drug Abuse to provide technical assistance to states on data collection, program management, accountability and evaluation, on the certification and accreditation of treatment facilities and personnel, and on other related matters. The act also required a report to the Congress within sixty days of all National Institute on Drug Abuse sponsored research projects as of July 1, 1979. It also required state drug abuse advisory councils to include women and elderly members, and to recognize the special needs of these groups in state drug abuse plans.

THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981

In the Omnibus Budget Reconciliation Act of 1981 the Congress redefined the focus of Federal and State efforts in the alcohol abuse, alcoholism and drug abuse field. Public Law 97–35 provided for the creation of an Alcohol, Drug Abuse and Mental Health Block Grant for the distribution of alcohol and drug abuse health service dollars which had been previously channeled via State formula grants, and project grants and contracts. This approach was predicated on the belief that States should be accorded maximum authority and flexibility to plan, develop and implement alcohol and drug abuse prevention, treatment and rehabilitation programs appropriate to serve their respective populations. The block grant provided that of the money the state received for alcohol and drug abuse services at least 35 percent be used for drug abuse services and at least 35 percent for alcoholism and alcohol abuse services. In addition, the Congress demonstrated its concern for the continuation of prevention programming by earmarking 20 percent of the funds available to states for alcohol and drug abuse services for prevention and early intervention programs and services.

In addition Public Law 97–35 set continuing Federal priorities in this field by extending the authorizations of the National Institute on Alcohol Abuse and Alcoholism and the National Institute on Drug Abuse for an additional year to carry on high quality research and prevention programming, as well as information dissemination, clinical training and technical assistance to the states. It also authorized the appropriation of funding for demonstration grants to be awarded by each of the Institutes which showed the greatest promise of leading to new and more effective prevention, treatment and rehabilitation approaches. Unfortunately, fiscal constraints precluded the funding of these demonstrations in fiscal 1982.

IV. Need for the Legislation

Available data clearly demonstrates that alcoholism, alcohol abuse and drug abuse are serious national problems. For example, it has been estimated that there are approximately ten million problem drinkers among the nation's adult population, and an additional three million problem drinkers among youth between the ages of 14 and 17. With respect to drug abuse, the latest statistics released from the Institute for Social Research at the University of Michigan indicate that 66 percent of all high school seniors in the country report using some illicit drug during their lifetime, and 39 percent have used an illicit drug other than marijuana. While the data suggests that most of the specific illicit substances are showing either a decline or a leveling in use, the authors of the University of Michigan study emphasized that the level of illicit drug use among young Americans of high school age is probably higher than that in any other industrialized nation in the world.

Several relatively recent reports have provided a detailed analysis of the problems associated with alcohol misuse in the United States. A report to the President and the Congress on health hazards associated with alcohol and methods to inform the general public of these hazards was issued jointly in November 1980 by the U.S. Departments of the Treasury and Health and Human Services. That report focused on birth defects and anomalies, and other health hazards believed to be associated with alcohol misuse. In particular, the report reviewed available information on the Fetal Alcohol Syndrome (FAS), a condition first reported in 1968 by French investigators. The Fetal Alcohol Syndrome has been seen among some children of alcoholic women and is characterized by central nervous system disorders, including mental retardation, growth deficiencies, a specific cluster of facial anomalies, and other skeletal, urogenital and cardiac malformations. This report led to a Surgeon General's advisory on fetal alcohol syndrome which was issued in 1981.

Decreased birth weight, frequently associated with increased risk to the newborn, has been observed among the children of women averaging one ounce of absolute alcohol (two standard drinks) per day during pregnancy. Furthermore, birth defects have been observed in the offspring of animals given alcohol in their diets. Although alcohol consumption appears to have a definite impact on fetal development, much information is still lacking. Investigators are still attempting the

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actual mechanism of injury as well as whether a safe level of alcohol consumption exists for pregnant women. In addition to effects on the fetus, alcohol misuse has also been associated with significant damage to the liver and the pancreas. Alcohol abuse also contributes to nutritional deficiency leading to such disorders as anemia, convulsions, small bowel disfunction, and various encephalopathies.

The Fourth Special Report to the U.S. Congress on Alcohol and Health, released January 1981, reviewed the progress in the nation's struggle to control and treat alcoholism and alcohol abuse. In his introduction to the report, John R. DeLuca, the past Director of NIAAA, characterized the magnitude of the problem as follows:

> Our experience in this past decade has also made us acutely aware of the broad impact of problem drinking on our society, so much so that the litany of the damage done has become familiar to us all. Establishing a consensus on precise numbers is difficult, but there is no doubt that alcohol problems cost this country billions of dollars each year. We pay this cost in lost productivity in the workplace, in health and medical care expenses, in deaths and injuries from highway accidents, violent crimes, and fires. We also pay in ways that cannot be measured by cost accounting: in broken families, abused children, ruined careers, unrealized ambitions, in lives cut short. The ultimate cost to our Nation, reckoned in personal tragedies and social burdens, is incalculable.
>
> Surveys consistently find that approximately 10 percent of adult Americans who drink are either alcoholics or experience problems with their drinking. Alcohol problems also reach into our schools, jeopardizing the futures of thousands of young people and causing their parents deep concern and anxiety. Then percent of all deaths in this country are alcohol related, and many of them are caused when young people drink and drive.
>
> More sophisticated analyses of how alcoholism and excessive drinking affect the human body have increased our understanding of their vast range of indirect health consequences. Alcohol appears to be involved in cancer, heart disease, and a number of serious gastrointestinal and neurological disorders. Its sweep is wide and its damage great.

In a similar fashion, available data indicated that the abuse of illicit, prescription and over-the-counter drugs remains a serious national problem, and that such abuse has a substantial, negative impact on physical and psychological health, student performance, productivity in the workplace, and interpersonal relationships. Furthermore, the illegal drug market is estimated to involve the exchange of $80 billion annually. At a time when substantial budget reductions are being made in a variety of Federal health, education, social service, and other programs, the significance of such a vast underground "industry" is particularly disturbing.

Finally, available evidence indicates that the individual drug abuser is now more likely to abuse one or more illicit drugs in combination with alcohol at any one time. This pattern of polydrug abuse is of con-

cern, particularly since our knowledge of drug interactions is still limited.

V. Committee Views

S. 2365 provides a two year reauthorization of the Comprehensive Alcohol Abuse and Alcoholism Research and Prevention Act of 1970 and the Drug Abuse Research and Prevention Act. As a result of extensive oversight hearings on the research and prevention activities of the National Institute on Drug Abuse and the National Institute on Alcoholism, the Committee moved to reauthorize the activities of the Institutes while further streamlining procedures in accordance with the shift to the Block Grant mechanism for accomplishing treatment and rehabilitation.

The Committee bill recommends $32,911,000 for alcohol research in 1983 and the same amount in 1984. In addition to maintaining the mandate for research into the etiology, prevention, treatment and consequences of alcohol abuse and alcoholism, the Committee bill has added several categories to the list of research projects to which the National Advisory Council on Alcohol Abuse and Alcoholism should give special consideration. These new areas include the impact of alcoholism and alcohol abuse on the family, social systems, and health service systems; the cost and effectiveness of treatment, prevention, and intervention among youth, women, and the elderly; and the interrelationship between alcohol use and other health problems. It is critical that appropriate evaluation of programming be undertaken to provide for the dissemination of the most effective techniques in alcohol abuse prevention, intervention and treatment. Likewise the interrelationship between alcohol use and other health problems is a growing area of concern deserving of special attention. In that regard the Committee bill mandates that the impact of alcohol abuse on other health problems be considered in research undertaken by other related Federal agencies and institutes. It is the intent of the Committee that NIAAA will under its existing research authority conduct demonstration projects in any or all of the prescribed areas. The Committee believes that prevention research is of particular importance.

The sum of $32,911,000 represents a substantial increase in funding for research over previous years. The Committee believes that even in a time of necessary fiscal austerity, this additional funding is critical to address the growing national problem of alcohol abuse and alcoholism. A recent report on the economic costs to society of alcohol, drug abuse, and mental illness estimated the cost of alcohol abuse alone at $49.4 billion annually. The study provided estimates of such costs as health care, treatment, rehabilitation as well as lost productivity due to illness and death, and alcohol abuse induced crime. The study did not take into consideration the pain and suffering endured by the individual victim or family and friends, which can never be quantified.

In addition, the estimated annual number of deaths related to alcohol abuse range from 50,000 to 200,000 with cirrhosis of the liver being the fourth leading cause of death in 1976 for the age group 25–64. These figures and other research led the Institute of Medicine to note in a recent report that, "Support of alcohol-related research is disproportionately low relative to the estimated economic impact—about

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one-tenth of the amounts spent on heart disease or respiratory disease, and one-hundredth the amount spent on cancer research, relative to the economic impact of these disorders."

With the high economic cost of alcoholism and alcohol abuse in mind, the Committee would like to comment the Health Care Financing Administration and the National Institute on Alcohol Abuse and Alcoholism for their joint participation in a four-year demonstration project to study the feasibility and effectiveness of providing alcoholism services under Medicare and Medicaid in lower-cost non-hospital settings. The project is relevant not only to cost-savings under the Medicare and Medicaid programs, but also hold important implications for the future of third party reimbursement for alcoholism treatment and rehabilitation.

Finally, the Committee believes it is imperative the Congress make a commitment to the continued funding of alcohol research to retain and continue to attract top scientists to the field of alcohol research. The Committee believes that these funding levels demonstrate that commitment.

The Committee bill recommends $46,356,000 for research on various aspects of the drug abuse problem. This sum also represents an increase over last year's funding level. Once again, the Committee believes this increase is justified by the staggering costs to our society of drug abuse, the threat of losing vast numbers of our youth to drug abuse, and the need to counter a multibillion dollar industry engaged in the sale of illicit drugs. The Committee's recommendations in this regard follow the President's and in the words of the Assistant Secretary for Health ". . . are based on the belief that advances gained through research (improved treatment methods, screening techniques and prevention programming) and the dissemination of these newly gained findings (to health care providers, to administrators of health programs, to State and local governments, and to the general public) will reduce the billions which alcohol and drug problems now cost this Nation."

There appears to be a host of social, behavioral and biomedical factors associated with both alcohol and drug abuse. In view of this, the Committee believes strongly that research into the etiology of substance abuse must give proper consideration to all important contributors. The Committee is cognizant of, and shares, the concern over the fact that Federal funds have, on occasion, been used to support research, including psychosocial research, of poor quality and of little significance. Nevertheless, the Committee believes that high-quality research, including high-quality psychosocial research, that shows promise of advancing our knowledge in a significant way is deserving of Federal support. Therefore, the Committee directs NIAAA and NIDA to give proper consideration to all research proposals, whether biomedical or psychosocial in nature, and to support via grant or contract as many such high-quality projects as appropriations allow.

The Committee bill consolidates reports required of the National Institute on Alcohol Abuse and Alcoholism into one triennial report including all information required of the Institute. Previously the Institute was required to do some reporting annually and some triennially. With the Institute no longer having the responsibility for the

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administration of treatment services, the necessity for more frequent reporting is eliminated. The one triennial report will be sufficient to update the public and the Congress on new research findings, recommendations for legislation, the efforts of the Federal government in this area and an evaluation of the effectiveness of expenditures under this Act as well as other pertinent information.

The Committee bill also consolidates the reporting of the National Institute on Drug Abuse to a biennial report including all relevant information on the expenditure of funds, legislative recommendations, new research findings as well as the results of research on the health consequences of marijuana. New developments are occurring frequently enough in the field of drug research to mandate biennial reporting by the Institute. Of particular interest to the Committee is the report on the health consequences of marijuana use which is useful on a biennial basis.

Additionally the Committee eliminated the annual report by the President to Congress on the activities of the Office of Drug Abuse Policy, while making the reviison and promulgation of national drug abuse strategy biennial instead of annual. Since the Office of Drug Abuse Policy coordinates the development of the strategy, it is sufficient that one report be put forth every two years revising the national drug strategy.

The Committee bill abolishes the Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism. While the concept of cooperation between all relevant branches of the Federal government to address the problem of alcohol abuse and alcoholism is praiseworthy, such a Committee need not be mandated in law. The Committee believes that the agencies can and should meet and coordinate their activities in this field without a Congressional mandate.

The Committee believes that the dissemination of up-to-date, informative publications is one of the primary functions of the Institutes. In particular, there has been an ever increasing demand among parents and community organizations for up-to-date, accurate information on the health effects of marijuana. It is critical that this information be available to help local organizations prevent drug and alcohol abuse among our youth. For this reason, the Committee bill includes a requirement that the Secretary ensure the dissemination of these materials. It is the conviction of the Committee that any moratorium on publications should not apply to the necessary dissemination of materials on alcohol and drug abuse.

The Committee bill retains in existing law the authorization for the demonstration of new and more effective prevention, treatment and rehabilitation programs. Although fiscal restraint prohibits designating any authorization level this year, the Committee believes that when the current fiscal crisis is remedied this program deserves particular attention.

The Committee bill expressly provides that Native Hawaiians should be considered Native Americans for all purposes under this Act. In Hawaii, Native Hawaiians constitute 22.6 percent of the State's population in need of alcohol treatment services, but only 7 percent of

these individuals are actually being served. Accordingly, it is appropriate that demonstration projects aimed at Native Hawaiians be given special consideration. For this reason the Committee bill specifically designates in all sections of the law relating to Native Americans that the definition of Native Americans includes Native Hawaiians.

The Committee views the collection of alcoholism and drug abuse program data as an important national leadership responsibility of the Institutes. The Committee believes that they should, to the extent possible, collect data on the incidence and prevalence of alcohol and drug related problems, the effectiveness of treatment approaches under the block grant, and new and more effective ways of providing services. The Committee encourages the Institutes to include in such efforts the acquisition and analysis of alcoholism and drug program data from information systems in each State. Such data systems can provide current data on programs in the areas of research, training, prevention, early intervention, treatment and rehabilitation within the States.

The Committee believes that States have expressed an interest in sharing data and that the Secretary should assist in making all data collected available to interested States. To make this possible and to permit comparisons on a state-by-state basis, the Institutes should encourage, to the extent feasible, uniformity in the development of alcohol and drug related data. This will necessitate the Secretary working with State and local alcohol and drug abuse service providers and other relevant national organizations which may have expertise in Alcohol and Drug issues, evaluation of services, or related areas to encourage and promote compliance with comparable data configurations.

It is the intention of the Committee not to burden States with reporting requirements. States must themselves determine whether they wish voluntarily to contribute data beyond that already required in the evaluation of the block grants in Title XIX of the Public Health Service Act. If they choose to do so, the Committee believes it desirable that such data be supplied in a uniform manner.

The Committee technically amended the Public Health Service Act. The present law states that membership in the Regular Public Health Service Corps is available after passage of an examination given in accordance with regulations of the President, in "one or more of the several branches of medicine, dentistry, hygiene, sanitary engineering, pharmacy, nursing, or related scientific specialties in the field of public health." This language has permitted the employment of the full range of health and mental health professionals, including psychologists. There are, for example, presently 25 doctoral level psychologists in the Regular Corps, and several non-doctoral level ones. This amendment will explicitly codify current Departmental regulations and practice which have allowed these psychologists to enter U.S. Public Health Service Regular Corps under a broad interpretation of "related scientific specialties in the field of public health." The amendment is not in any way designed to alter current policy or practice with regard to psychologists or to alter the current statutory interpretation of "related scientific specialties in the field of public health" as it may be applied to other health and mental health professionals.

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U.S. CONGRESS,
CONGRESSIONAL BUDGET OFFICE,
Washington, D.C., May 12, 1982.

Hon. ORRIN G. HATCH,
Chairman, Committee on Labor and Human Resources, U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: Pursuant to Section 403 of the Congressional Budget Act of 1974, the Congressional Budget Office has prepared the attached cost estimate for S. 2365, the Alcohol Abuse and Alcoholism and Drug Abuse Amendments of 1982.

Should the Committee so desire, we woud be pleased to provide further details on the attached cost estimate.

Sincerely,

ALICE M. RIVLIN, *Director.*

VI. CONGRESSIONAL BUDGET OFFICE—COST ESTIMATE

1. Bill number: S. 2365.
2. Bill title: The Alcohol Abuse and Alcoholism and Drug Abuse Amendments of 1982.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on May 6, 1982.
4. Bill purpose: The bill would extend for two years the authorizations for research under the Comprehensive Alcohol Abuse and Alcoholism Treatment and Rehabilitation Act of 1970. The bill would also extend for two years authorizations under the Drug Abuse Prevention, Treatment, and Rehabilitation Act for research development.
5. Cost estimate:

[By fiscal year, in millions of dollars]

	1983	1984	1985	1986	1987
Authorization levels:					
Alcohol abuse and alcoholism (504 (a))	32.9	32.9	----	----	----
Drug abuse (503 (c))	46.4	46.4	----	----	----
Total authorization levels	79.3	79.3	----	----	----
Estimated outlays:					
Alcohol abuse and alcoholism (504 (a))	23.0	29.1	8.4	3.3	1.5
Drug abuse (503 (c))	32.4	41.0	11.9	4.6	2.1
Total estimated outlays	55.4	70.1	20.3	7.9	3.6

The costs of this bill fall within function 550.

6. Basis for estimate: All authorization levels are stated in the bill. Authorized amounts are assumed to be fully appropriated at the beginning of each fiscal year. Outlays are estimated using spendout rates computed by CBO on the basis of appropriate recent program data.
7. Estimate comparison: None.
8. Previous CBO estimate: None.
9. Estimate prepared by: Hinda Ripps.
10. Estimate approved by:

JAMES L. BLUM,
Assistant Director for Budget Analysis.

VII. Votes in Committee

Pursuant to Section 133(b) of the Legislative Reorganization Act of 1946, the following is a tabulation of votes cast in Committee on S. 2365.

A technical amendment to the Public Health Service Act offered by Senator Randolph was accepted on a voice vote. The Amendment offered by Senator Hatch to provide certain reporting on the Alcohol Drug Abuse and Mental Health Block Grant was adopted on a voice vote. The Amendment by Senator Matsunaga to include Native Hawaiians within the definition of Native Americans was accepted by the Committee on a voice vote.

The Amendment by Senators Hawkins, Hatch and Riegle to increase the funding for alcohol research from $24,813,000 for 83 and 84 to $32,911,000 and to increase funding from $41,733,000 to $46,356,000 for 83 and 84 for drug research was adopted by a vote of 14–2 as follows:

Ayes	Nays
Mr. Stafford [1]	Mr. Humphrey
Mr. Quayle [1]	Mr. Nickles
Mrs. Hawkins	
Mr. Weicker [1]	
Mr. Denton [1]	
Mr. East [1]	
Mr. Kennedy	
Mr. Randolph [1]	
Mr. Pell	
Mr. Eagleton [1]	
Mr. Riegle [1]	
Mr. Metzenbaum [1]	
Mr. Matsunaga	
Mr. Hatch	

The vote on final reporting of the bill was 14–2 as follows:

Ayes	Nays
Mr. Stafford [1]	Mr. Humphrey
Mr. Quayle [1]	Mr. Nickles
Mrs. Hawkins	
Mr. Weicker [1]	
Mr. Denton [1]	
Mr. East [1]	
Mr. Kennedy	
Mr. Randolph [1]	
Mr. Pell	
Mr. Eagleton [1]	
Mr. Riegle [1]	
Mr. Metzenbaum [1]	
Mr. Matsunaga	
Mr. Hatch	

[1] By proxy.

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VIII. Regulatory Impact Statement

Pursuant to Section 602 of Senate Resolution 4 concerning the regulatory impact of proposed legislation, the Committee provided the following evaluation of the anticipated additional paperwork and other regulatory impact that would result from the implementation of S. 2365, which revises and extends Federal alcohol and drug abuse prevention, research and technical assistance programs. In general, the goal of this bill is to reduce regulatory requirements and paperwork.

(A) Estimated number of individuals and businesses regulated by group or class.

No new classification of individuals or businesses in the private sector would become subject to regulation as a result of this legislation.

(B) Economic Impact of such regulation on individuals or businesses. None.

(C) Additional paperwork, time and cost.

It is not anticipated that implementation of this legislation will impose any additional paperwork, time or cost upon the private sector. An amendment adopted by the Committee will provide for some reporting of data on the Alcohol Drug Abuse and Mental Health Block Grant however the legislation clarifies that any information to be provided over and above what is already mandated in law is to be strictly voluntary on the part of the states. This, therefore, should impose no new regulations or paperwork burden on the private sector.

IX. Section-by-Section Analysis

S. 2365 revises and extends the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 and the Drug Abuse Prevention, Treatment and Rehabilitation Act.

SEC. 101. REFERENCE

SEC. 102. SHORT TITLE

Amends title to read Comprehensive Alcohol Abuse and Alcoholism Research and Prevention Act of 1970.

SEC. 103. CONGRESSIONAL FINDINGS AND DECLARATION OF PURPOSE

Amends Section 2(a)(3) to update annual costs of alcoholism and other alcohol related problems; amends Section 2(b) to emphasize the leadership role of the Federal Government through a continued commitment to research, extensive dissemination of the most recent information and research findings to governmental and private groups, technical assistance to research, services and prevention personnel in the field of alcohol abuse and alcoholism, recognition of the importance of State decisionmaking regarding treatment needs, encouragement of participation by the private sector, and assumption of those functions which are truly national in scope.

SEC. 104. REPORTS BY THE SECRETARY

Removes the requirement of an annual report in Section 102 and combines information currently submitted by the Secretary in the annual report and the triennial reports into one report relating to governmental efforts to combat alcohol abuse and alcoholism, including information on services provided under the Alcohol and Drug Abuse and Mental Health Services Block Grant, to be submitted to Congress every three years. Requires the Secretary to insure that State and local governments use compatible means of data collection for block grant services so that uniform national data is available, provided that any submission of data by the States beyond that required in the block grant is voluntary.

SEC. 105. ABOLITION OF INTERAGENCY COMMITTEE

Repeals Section 103 which establishes an Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism.

SEC. 106. GRANTS AND CONTRACTS

Specifies that when the Secretary gives special consideration to applications for demonstration projects aimed at Native Americans, this shall include Native Hawaiians and Native American Pacific Islanders.

SEC. 107. RESEARCH

Emphasizes the importance of dissemination of research findings and their practical application, including the use of curriculum materials; extends the projects given special consideration by the National Advisory Council on Alcohol Abuse and Alcoholism under Section 501(b)(3) to include the impact of alcoholism and alcohol abuse on the family, social systems, and health service systems, the cost and effectiveness of treatment, prevention, and intervention among youth, women and the elderly, and the interrelationship between alcohol use and other health problems; expands the research programs to be coordinated under Section 501(b)(5) to include research activities related to the impact of alcohol abuse on other health problems.

SEC. 108. AUTHORIZATION OF APPROPRIATIONS

Authorizes $32,911,000 for fiscal year 1983 and $32,911,000 for fiscal year 1984 for research on alcohol abuse and alcoholism.

SEC. 109. NATIONAL COMMISSION ON ALCOHOLISM

Adds Native Hawaiians and Native American Pacific Islanders to the special and underserved population groups the National Commission on Alcoholism shall include in its study of services relating to alcoholism and alcohol-related problems.

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SEC. 201. REFERENCE

SEC. 202. SHORT TITLE

Amends title to read Drug Abuse Research and Prevention Act.

SEC. 203. CONGRESSIONAL FINDINGS

Revises Section 101 to delete special emphasis on heroin addiction and to emphasize the appropriate roles of State, Federal, and local governments in drug abuse programs.

SEC. 204. DECLARATION OF NATIONAL POLICY

Amends Section 102 to stress the leadership to research, extensive dissemination of the most recent information and research findings to governmental and private groups, technical assistance to research, services, and prevention personnel in the field of drug abuse, recognition of the importance of State decisionmaking regarding treatment needs, encouragement of participation by the private sector, and assumption of those functions which are truly national in scope.

SEC. 205. ELIMINATING OF ANNUAL REPORT

Repeals Section 207 which requires an annual report by the President to Congress on the activities of the Office of Drug Abuse Policy.

SEC. 206. REVIEW OF NATIONAL DRUG ABUSE STRATEGY

Changes the requirement in Section 305 of an annual review, revision and promulgation of national drug abuse strategy to biennial, to occur each even-numbered year, beginning with 1982.

SEC. 207. REPORTS

Amends Section 405(b) to change the annual report requirement to each even-numbered year, beginning with 1984, and to include in the report research findings relative to drug abuse, current information on the health consequences of marijuana use, and information on services provided under the Alcohol and Drug Abuse and Mental Health Services Block Grant. Requires the Secretary to insure that State and local governments use compatible means of data collection for block grant services so that uniform national data is available, provided that any submission of data by the States beyond that required in the block grant is voluntary. Repeals the Marijuana and Health Reporting Act, effective January 15, 1984.

SEC. 208. GRANTS AND CONTRACTS

Specifies that when the Secretary gives special consideration to applications for demonstration projects aimed at Native Americans, this shall include Native Hawaiians and Native American Pacific Islanders.

SEC. 209. AUTHORIZATION OF APPROPRIATIONS FOR RESEARCH

Authorizes $46,356,000 for fiscal year 1983 and $46,356,000 for fiscal year 1984 for research on drug abuse.

SEC. 210. DISSEMINATION OF MATERIALS

Adds to Section 301 of the Public Health Service Act a requirement that the Secretary ensure the dissemination of up-to-date publications of the National Institute on Drug Abuse relative to the health hazards of drug abuse.

SEC. 301. PUBLIC HEALTH SERVICE CORPS

Technical amendment to the Public Health Services Act to codify current regulations and practice which allows psychologists to enter U.S. Public Health Service Regular Corps.

X. Changes in Existing Law

In compliance with rule XXVI, paragraph 12 of the Standard Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT OF 1970

AN ACT To provide a comprehensive Federal program for the [prevention and treatment] *research and prevention* of alcohol abuse and alcoholism

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SHORT TITLE

SECTION 1. This Act may be cited as the "Comprehensive Alcohol Abuse and Alcoholism [Prevention, Treatment, and Rehabilitation] *Research and Prevention* Act of 1970".

FINDINGS AND PURPOSE

SEC. 2. (a) The Congress finds that—

(1) alcohol is one of the most dangerous drugs and the drug most frequently abused in the United States;

(2) approximately ten million, or 7 percent, of the adults in the United States are alcoholics or problem drinkers;

(3) it is estimated that alcoholism and other alcohol related problems cost the United States over [$43,000,000,000] *$49,000,000,000* annually in lost production, medical and public assistance expenditures, police and court costs, and motor vehicle and other accidents;

(4) alcohol abuse is found with increasing frequency among persons who are multiple-drug abusers and among former heroin users who are being treated in methadone maintenance programs;

(5) alcohol abuse is being discovered among growing numbers of youth;

(6) alcohol abuse and alcoholism have a substantial impact on the families of alcohol abusers and alcoholics and contributes to domestic violence;

(7) alcohol abuse and alcoholism, together with abuse of other legal and illegal drugs, present a need for prevention and intervention programs designed to reach the general population and members of high risk populations such as youth, women, the elderly, and families of alcohol abusers and alcoholics; and

(8) alcoholism is an illness requiring treatment and rehabilitation through the assistance of a broad range of community health and social services and with the cooperation of law enforcement agencies, employers, employee associations, and associations of concerned individuals.

[(b) It is the policy of the United States and the purpose of this Act to approach alcohol abuse and alcoholism from a comprehensive community care standpoint, and to meet the problems of alcohol abuse and alcoholism through—

[(1) comprehensive Federal, State, and local planning for, and effective use of, Federal assistance to States, and direct Federal assistance to community-based programs to meet the urgent needs of special populations, in coordination with all other governmental and nongovernmental sources of assistance;

[(2) the development of methods for diverting problem drinkers from criminal justice systems into prevention and treatment programs;

[(3) the development and encouragement of prevention programs designed to combat and spread of alcoholism, alcohol abuse, and abuse of other legal and illegal drugs;

[(4) the development and encouragement of effective occupational prevention and treatment programs within government and in cooperation with the private sector; and

[(5) increased Federal commitment to research into the behavioral and biomedical etiology of, the treatment of, and the mental and physical health and social and economic consequences of, alcohol abuse and alcoholism.]

(b) It is the policy of the United States and the purpose of this Act to provide leadership in the national effort to reduce the incidence of alcoholism and alcohol-related problems through—

(1) a continued Federal commitment to research into the behavioral and biomedical etiology, the treatment, and the mental and physical health and social and economic consequences of alcohol abuse and alcoholism;

(2) a commitment to—

(A) extensive dissemination to States, units of local government, community organizations, and private groups of the most recent information and research findings with respect to alcohol abuse and alcoholism, including information with respect to the application of research findings; and

(B) the accomplishment of such dissemination through up-to-date publications, demonstrations, educational programs, and other appropriate means;

(3) the provision of technical assistance to research personnel, services personnel, and prevention personnel in the field of alcohol abuse and alcoholism;

(4) the coordination, in cooperation with all governmental and nongovernmental sources of assistance for alcohol abuse and alcoholism, of Federal, State, and local planning for, and effective use of, Federal assistance to States to meet the urgent needs of special populations;

(5) the provision of a Federal response to alcohol abuse and alcoholism which recognizes the importance of State decision-making with respect to treatment needs;

(6) the development and encouragement of prevention programs designed to combat the spread of alcoholism, alcohol abuse, and the abuse of other legal and illegal drugs;

(7) the development and encouragement of effective occupational prevention and treatment programs within Government and in cooperation with the private sector; and

(8) the provision of a Federal response to alcohol abuse and alcoholism which encourages the greatest participation by the private sector, both financially and otherwise, and concentrates on carrying out functions relating to alcohol abuse and alcoholism which are truly national in scope.

TITLE I—NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

ESTABLISHMENT OF THE INSTITUTE

SEC. 101. * * *

REPORTS BY THE SECRETARY

SEC. 102. (*a*) The Secretary shall—

[(1) submit an annual report to Congress which shall include a description of the actions taken, services provided, and funds expended under this Act, an evaluation of the effectiveness of such actions, services, and expenditures of funds, a description, prepared in consultation with the committee established under section 103, of the extent to which Federal programs and departments are concerned and dealing effectively with the prob-

lems of alcohol abuse and alcoholism, and such other information as the Secretary considers appropriate;

[(2) submit to Congress on or before the expiration of the one-year period beginning on the date of enactment of this Act and every three years thereafter a report (A) containing current information on the health consequences of using alcoholic beverages, and (B) containing such recommendations for legislation and administrative action as he may deem appropriate;]

(1) submit to the Congress on or before the expiration of the one-year period beginning on the date of enactment of this Act, and every three years thereafter, a report which shall include—

(A) a description of the actions taken and funds expended under this Act, and an evaluation of the effectiveness of such actions and expenditures;

(B) a description of the extent to which Federal and State programs, departments, and agencies are concerned and are dealing effectively with the problems of alcohol abuse and alcoholism, including information with respect to services provided for alcohol abuse and alcoholism under part B of title XIX of the Public Health Service Act;

(C) current information on the health consequences of using alcoholic beverages;

(D) a description of current research findings with respect to alcohol abuse and alcoholism;

(E) such recommendations for legislation and administrative action as the Secretary considers appropriate; and

(F) such other information as the Secretary considers appropriate;

[(3)](*2*) submit such additional reports as may be requested by the President of the United States or by Congress; and

[(4)](*3*) submit to the President of the United States and to Congress such recommendations as will further the prevention, treatment, and control of alcohol abuse and alcoholism.

(b)(1) In order to obtain the information required under subsection (a)(1)(B) with respect to services provided for alcohol abuse and alcoholism under part B of title XIX of the Public Health Service Act, the Secretary shall work with appropriate national organizations to insure that State and local governments use compatible means of data collection so that uniform national data with respect to the provision of such services will be available to the States and to the Secretary.

(2) In carrying out paragraph (1) of this subsection and subsection (a)(1)(B), the Secretary may not require any State to submit any information which is not required under section 1916(a) of the Public Health Service Act.

[INTERAGENCY COMMITTEE ON FEDERAL ACTIVITIES FOR ALCOHOL ABUSE AND ALCOHOLISM

[SEC. 103. (a) The Secretary shall establish an Interagency Committee on Federal Activities for Alcohol Abuse and Alcoholism

(hereinafter in this section referred to as the "Committee"). The Committee shall (1) evaluate the adequacy and technical soundness of all Federal programs and activities which relate to alcoholism and alcohol abuse and provide for the communication and exchange of information necessary to maintain the coordination and effectiveness of such programs and activities, and (2) seek to coordinate efforts undertaken to deal with alcohol abuse and alcoholism in carrying out Federal health, welfare, rehabilitation, highway safety, law enforcement, and economic opportunity laws.

[(b) The Secretary or the Director of the National Institute on Alcohol Abuse and Alcoholism (or the Director's designee) shall serve as Chairman of the Committee, the membership of which shall include (1) appropriate scientific, medical, or technical representation from the Department of Transportation, the Department of Justice, the Department of Defense, the Department of the Treasury, the Department of Labor, the Department of Education, the Veterans' Administration, and such other Federal agencies and offices (including appropriate agencies and offices of the Department of Health and Human Services) as the Secretary determines administer programs directly affecting alcoholism and alcohol abuse, and (2) five individuals from the general public appointed by the Secretary from individuals who by virtue of their training or experience are particularly qualified to participate in the performance of the Committee's functions. The Committee shall meet at the call of the Chairman, but not less often than four times a year.

[(c) Each appointed member of the Committee shall be appointed for a term of four years, except that—

[(1) any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed for the remainder of such term; and

[(2) of the members first appointed, two shall be appointed for a term of four years, two shall be appointed for a term of three years, and one shall be appointed for a term of one year, as designated by the Secretary at the time of appointment.

Appointed members may serve after the expiration of their terms until their successors have taken office.

[(d) Appointed members of the Committee shall receive for each day they are engaged in the performance of the functions of the Committee compensation at rates not to exceed the daily equivalent of the annual rate in effect for grade GS–18 of the General Schedule, including traveltime; and all members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by section 5703 of title 5, United States Code, for persons in the Government service employed intermittently.

[(e) The Secretary shall make available to the Committee such staff, information, and other assistance as it may require to carry out its activities effectively.]

* * * * * * *

TITLE III—TECHNICAL ASSISTANCE AND FEDERAL GRANTS AND CONTRACTS

PART A—TECHNICAL ASSISTANCE

TECHNICAL ASSISTANCE

SEC. 301. * * *

PART B—PROJECTS GRANTS AND CONTRACTS

GRANTS AND CONTRACTS FOR THE DEMONSTRATION OF NEW AND MORE EFFECTIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION PROGRAMS

SEC. 311. (a) The Secretary, acting through the Institute, may make grants to public and nonprofit private entities and may enter into contracts with public and private entities and with individuals—

(1) to conduct demonstration and evaluation projects, with a high priority on prevention and early intervention projects in occupational and educational settings and on modified community living and work-care arrangements such as halfway houses, recovery homes, and supervised home care, and with particular emphasis on developing new and more effective alcohol abuse and alcoholism prevention, treatment, and rehabilitation programs,

(2) to support projects of a demonstration value in developing methods for the effective coordination of all alcoholism treatment, training, prevention, and research resources available within a health service area established under section 1511 of the Public Health Service Act, and

(3) to provide education and training, which may include additional training to enable treatment personnel to meet certification requirements of public or private accreditation or licensure, or requirements of third-party payors,

for the prevention and treatment of alcohol abuse and alcoholism and for the rehabilitation of alcohol abusers and alcoholics.

(b) Projects and programs for which grants and contracts are made under this section shall (1) be responsive to special requirements of handicapped individuals in receiving such services; (2) whenever possible, be community based, seek (in the case of prevention and treatment services) to insure care of good quality in general community care facilities and under health insurance plans, and be integrated with, and provide for the active participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals; (3) where a substantial number of the individuals in the population served by the project or program are of limited English-speaking ability, utilize the services of outreach workers fluent in the language spoken by a predominant number of such individuals and develop a plan and make arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and identify an individual employed by the project or pro-

gram, or who is available to the project or program on a full-time basis, who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English-speaking ability and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences; and (4) where appropriate utilize existing community resources (including community mental health centers).

(c) (1) In administering this section, the Secretary shall require coordination of all applications for projects and programs in a State.

(2) (A) Each applicant from within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency responsible for the administration of alcohol abuse and alcoholism prevention, treatment, and rehabilitation activities. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project or program set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects and programs pending and approved and to any State comprehensive plan for treatment and prevention of alcohol abuse and alcoholism. The State shall furnish the applicant a copy of any such evaluation.

(B) (i) Except as provided in clause (ii), each application for a grant under this section shall be submitted by the Secretary to the National Advisory Council on Alcohol Abuse and Alcoholism for its review. The Secretary may approve an application for a grant under this section only if it is recommended for approval by such Council.

(ii) Clause (i) shall not apply to an application for a grant under this section for a project or program for any period of 12 consecutive months for which period payments under such grant will be less than $250,000, if an application for a grant under this section for such project or program and for a period of time which includes such 12-month period has been submitted to, and approved by, the Secretary.

(3) Approval of any application for a grant or contract by the Secretary, including the earmarking or financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria established by the Secretary that—

(A) provides that the projects and programs for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;

(B) provides for such methods of administration as are necessary for the proper and efficient operation of such programs and projects; and

(C) provides for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant.

(4) The Secretary shall encourage the submission of and give special consideration to applications under this section for programs and projects aimed at underserved populations such as racial and ethnic minorities, Native Americans (*including Native Hawaiians and Native American Pacific Islanders*), youth, the elderly, women

handicapped individuals, public inebriates, and families of alcoholics.

(5)(A) No grant may be made under this section to a State or to any entity within the government of a State unless the grant application has been duly authorized by the chief executive officer of such State.

(B) No grant or contract may be made under this section for a period in excess of five years.

(C)(i) The amount of any grant or contract under this section may not exceed 100 per centum of the cost of carrying out the grant or contract in the first fiscal year for which the grant or contract is made under this section, 80 per centum of such cost in the second fiscal year for which the grant or contract is made under this section, 70 per centum of such cost in the third fiscal year for which the grant or contract is made under this section, and 60 per centum of such cost in each of the fourth and fifth fiscal years for which the grant or contract is made under this section.

(ii) For purposes of this subparagraph, no grant or contract shall be considered to have been made under this section for a fiscal year ending before September 30, 1981.

(6) Each applicant, upon filing its application with the Secretary for a grant or contract to provide prevention or treatment services, shall provide a proposed performance standard or standards to measure, or research protocol to determine, the effectiveness of such services.

(7) Nothing shall prevent the use of funds provided under this section for programs and projects aimed at the prevention, treatment, or rehabilitation of drug abuse as well as alcohol abuse and alcoholism.

* * * * * * *

TITLE V—RESEARCH

ENCOURAGEMENT OF RESEARCH

SEC. 501. (a) The Secretary, acting through the Institute, shall carry out a program of research, investigations, experiments, demonstrations, and studies, directly and by grant or contract, into—

(1) the social behavioral, and biomedical etiology,
(2) prevention,
(3) treatment,
(4) mental and physical health consequences,
(5) social and economic consequences, and
(6) the impact on families,

of alcohol abuse and alcoholism.

(b) In carrying out the program described in subsection (a) of this section, the Secretary, acting through the Institute, is authorized to—

(1) collect and [make available] *disseminate* through publications and other appropriate means, *including the development of curriculum materials*, information as to, and the practical application of, the research and other activities under the program;

(2) make available research facilities of the Public Health Service to appropriate public authorities, and to health officials and scientists engaged in special study;

[(3) make grants to universities, hospitals, laboratories, and other public or nonprofit institutions, and to individuals for such research projects as are recommended by the National Advisory Council on Alcohol Abuse and Alcoholism; and such Council shall give special consideration to projects relating to the relationship between alcohol abuse and domestic violence, the effects of alcohol use during pregnancy, the relationship between the abuse of alcohol and other drugs, and the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages,]

(3) make grants to universities, hospitals, laboratories, and other public or nonprofit institutions, and individuals for projects for such research, investigations, experiments, demonstrations, studies, and evaluations as are recommended by the National Advisory Council on Alcohol Abuse and Alcoholism and such Council shall give special consideration to projects relating to—

(A) the relationship between alcohol abuse and domestic violence;

(B) the effects of alcohol use during pregnancy;

(C) the impact of alcoholism and alcohol abuse on the family, social systems, and health service systems;

(D) the relationship between the abuse of alcohol and other drugs;

(E) the effect on the incidence of alcohol abuse and alcoholism of social pressures, legal requirements respecting the use of alcoholic beverages, the cost of such beverages, and the economic status and education of users of such beverages;

(F) the cost and effectiveness of treatment, prevention, and intervention among youth, women, and the elderly; and

(G) the interrelationship between alcohol use and other health problems;

(4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) promote the coordination of research programs conducted by the Institute, and similar programs conducted by the National Institute of Drug Abuse and by other departments, agencies, organizations, and individuals, including all National Institutes of Health research activities which are or may be related to the problems of individuals suffering from alcoholism or alcohol abuse or those of their families *or the impact of alcohol abuse on other health problems;*

(6) conduct an intramural program of biomedical, behavioral, epidemiological, and social research, including research into the most effective means of treatment and service delivery, and including research involving human subjects, which is—

(A) located in an institution capable of providing all necessary medical care for such human subjects, including complete 24-hour medical diagnostic services by or under the supervision of physicians, acute and intensive medical care,

including 24-hour emergency care, psychiatric care, and such other care as is determined to be necessary for individuals suffering from alcoholism and alcohol abuse; and

(B) associated with an accredited medical or research training institution;

(7) for purposes of study, admit and treat at institutions, hospitals, and stations of the Public Health Service, persons not otherwise eligible for such treatment;

(8) provide to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical and other scientific research methods to experiments, studies, and surveys in health and medical fields;

(9) enter into contracts under this title without regard to sections 3648 and 3709 of the Revised Statutes (31 U.S.C. 529; 41 U.S.C. 5); and

(10) adopt, upon recommendation of the National Advisory Council on Alcohol Abuse and Alcoholism, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

SCIENTIFIC PEER REVIEW

SEC. 502. * * *

NATIONAL ALCOHOL RESEARCH CENTER

SEC. 503. * * *

AUTHORIZATIONS OF APPROPRIATIONS

SEC. 504. (a) There are authorized to be appropriated for carrying out this title $20,000,000 for the fiscal year ending September 30, 1977, $24,000,000 for the fiscal year ending September 30, 1978, $28,000,000 for fiscal year ending September 30, 1979, $28,000,000 for the fiscal year ending September 30, 1980, $28,000,000 for the fiscal year ending September 30, 1981, $25,000,000 for the fiscal year ending September 30, 1982, *$32,911,000 for the fiscal year ending September 30, 1983, and $32,911,000 for the fiscal year ending September 30, 1984.* Of the funds appropriated under this section for any fiscal year beginning after September 30, 1981, not more than 35 per centum may be obligated for grants under section 503.

* * * * * * *

DRUG ABUSE PREVENTION, TREATMENT, AND REHABILITATION ACT

§ 1. Short title.

This Act may be cited as the "Drug Abuse [Prevention, Treatment, and Rehabilitation] *Research and Prevention* Act".

TITLE I—FINDINGS AND DECLARATION OF POLICY; DEFINITIONS; TERMINATION

Sec.
101. Congressional findings.
102. Declaration of national policy.
103. Definitions.
104. Termination.

§ 101. Congressional findings.

The Congress makes the following findings:

(1) Drug abuse [is rapidly increasing] *has rapidly increased* in the United States and now afflicts urban, suburban, and rural areas of the Nation.

(2) Drug abuse seriously impairs individual, as well as societal, health and well-being.

(3) Drug [abuse, especially heroin addiction,] *abuse* substantially contributes to crime.

(4) The adverse impact of drug abuse inflicts increasing pain and hardship on individuals, families, and communities and undermines our institutions.

(5) Too little is known about [drug abuse, especially the causes, and] *the* ways to treat and prevent drug abuse.

(6) The success of Federal *and State* drug abuse programs and activities requires a recognition that education, treatment, rehabilitation, research, training, and law enforcement efforts are interrelated.

[(7) The effectiveness of efforts by State and local governments and by the Federal Government to control and treat drug abuse in the United States has been hampered by a lack of coordination among the States, between States and localities, among the Federal Government, States and localities, and throughout the Federal establishment.

[(8) Control of drug abuse requires the development of a comprehensive, coordinated long-term Federal strategy that encompasses both effective law enforcement against illegal drug traffic and effective health programs to rehabilitate victims of drug abuse.]

[(9)](7) The increasing rate of drug abuse constitutes a serious and continuing threat to national health and welfare, requiring an immediate and effective response on the part of [the Federal Government] *Federal and State governments.*

[(10) Although the Congress observed a significant apparent reduction in the rate of increase of drug abuse during the three-year period subsequent to the date of enactment of this Act, and in certain areas of the country apparent temporary reductions in its incidence, the increase and spread of heroin consumption since 1974, and the continuing abuse of other dangerous drugs, clearly indicate the need for effective, ongoing, and highly visible Federal leadership in the formation and execution of a comprehensive, coordinated drug abuse policy.

[(11) Shifts in the usage of various drugs and in the Nation's demographic composition require a Federal strategy to adjust the focus of drug abuse programs to meet new needs and priorities on a cost-effective basis.]

[(12)](*8*) The growing extent of drug abuse indicates an urgent need for prevention and intervention programs designed to reach the general population and members of high risk populations such as youth, women, and the elderly.

[(13)](*9*) Effective control of drug abuse requires high-level coordination of *State activities and* Federal international and domestic activities relating to both supply of, and demand for, commonly abused drugs.

[(14)](*10*) Local governments with high concentrations of drug abuse should be actively involved in the planning and coordination of efforts to combat drug abuse.

[§ 102. Declaration of national policy.

[The Congress declares that it is the policy of the United States and the purpose of this Act to focus the comprehensive resources of the Federal Government and bring them to bear on drug abuse with the objective of significantly reducing the incidence, as well as the social and personal costs, of drug abuse in the United States, and to develop and assure the implementation of a comprehensive, coordinated, long-term Federal strategy to combat drug abuse. To reach these goals, the Congress further declares that it is the policy of the United States and the purpose of this Act to meet the problems of drug abuse through—

[(1) comprehensive Federal, State, and local planning for, and effective use of, Federal assistance to States and to community-based programs to meet the urgent needs of special populations, in coordination with all other governmental and nongovernmental sources of assistance;

[(2) the development and support of community-based prevention programs;

[(3) the development and encouragement of effective occupational prevention and treatment programs within the Government and in cooperation with the private sector; and

[(4) increased Federal commitment to research into the behavioral and biomedical etiology of, the treatment of, and the mental and physical health and social and economic consequences of, drug abuse.]

§ 102. Declaration of national policy.

The Congress declares that it is the policy of the United States and the purpose of this Act to utilize the comprehensive resources of the Federal Government to provide a leadership role in reducing the incidence, as well as the social and personal costs, of drug abuse in the United States and to develop and assure the implementation of a comprehensive, coordinated long-term Federal and State strategy to combat drug abuse. To reach these goals, the Congress further declares that it is the policy of the United States and the purpose of this chapter to meet the problems of drug abuse through—

(1) a continued Federal commitment to research into the behavioral and biomedical etiology of, the treatment of, and the mental and physical health and social and economic consequences of, drug abuse;

(2) a commitment to—

(A) extensive dissemination to States, units of local government, community organizations, and private groups of the most recent information and research findings with respect to drug abuse, including information with respect to the application of research findings; and

(B) the accomplishment of such dissemination through up-to-date publications, demonstrations, educational programs, and other appropriate means;

(3) the provision of technical assistance to research personnel, services personnel, and prevention personnel in the field of drug abuse;

(4) the coordination, in cooperation with all other governmental and nongovernmental sources of assistance for drug abuse, of Federal, State, and local planning for, and effective use of, Federal assistance to States to meet the urgent needs of special populations;

(5) the provision of a Federal response to drug abuse which recognizes the importance of State decisionmaking with respect to treatment needs;

(6) the development and support of community-based prevention programs;

(7) the development and encouragement of effective occupational prevention and treatment programs within the Government and in cooperation with the private sector; and

(8) the provision of a Federal response to drug abuse which encourages the greatest participation by the private sector, both financially and otherwise, and concentrates on carrying out functions relating to drug abuse which are truly national in scope.

§ 103. * * *

TITLE II—OFFICE OF DRUG ABUSE POLICY

Sec.
201. Concentration of Federal effort.
202. Designated drug representative.
203. Officers and employees.
204. Acceptance of uncompensated services.
205. Notice relating to the control of dangerous drugs.
206. Statutory authority unaffected.
[207. Annual report.]

§§ 201–206. * * *

[207. Annual report.

The President shall submit to the Congress, prior to March 1 of each year, a written report on the activities conducted under this title. The report shall specify the objectives, nature, and results of such activities, and shall contain an accounting of funds expended under this title.]

TITLE III—NATIONAL DRUG ABUSE STRATEGY

Sec.
301. Development of strategy required.
302. Strategy Council.
303. Content of strategy.
304. Preparation of strategy.
305. Review and revision.

§§ 301–304. * * *

§ 305. Review and revision.

The strategy shall be reviewed, revised as necessary, and promulgated as revised prior to June 1 of [each year] *each even-numbered year, beginning with 1982.*

TITLE IV—OTHER FEDERAL PROGRAMS

Sec.
401. Community mental health centers.
402. Public Health Service facilities.
403. State plan requirements.
404. Drug abuse prevention function appropriations.
405. Special reports by the Secretary of Health and Human Services.
406. Additional drug abuse prevention functions of the Secretary of Health and Human Services.
407. Admission of drug abusers to private and public hospitals.
408. Confidentiality of patient records.
409. Repealed.
410. Grants and contracts for the demonstration of new and more effective preventive, treatment, and rehabilitation programs.
411. Records and audit.
412. National Drug Abuse Training Center.
413. Drug abuse among government and other employees.
414. Contract authority.

§ 404. * * *

§ 405. Special reports by the Secretary of Health and Human Services.

(a) The Secretary of Health and Human Services (hereinafter in this title referred to as the "Secretary") shall develop and submit to the Congress and the Director within ninety days after the date of enactment of this Act, a written plan for the administration and coordination of all drug abuse prevention functions within the Department of Health and Human Services. Such report shall list each program conducted and each service provided in carrying out such functions, describe how such programs and services are to be coordinated, and describe the steps taken or to be taken to insure that such programs and services will be administered so as to encourage the broadest possible participation of professionals and paraprofessionals in the fields of medicine, science, the social sciences, and other related disciplines. The plan shall be consistent with the policies, priorities, and objectives established by the Director under section 221 of this Act.

(b) The Secretary shall transmit a report to the President and the Congress [with respect to each fiscal year] on—

(1) the health consequences and extent of drug abuse in the United States *including a description of current research findings with respect to drug abuse,*

(2) a description and evaluation of the effectiveness of the drug abuse prevention functions carried out through any entity of the

Department of Health and Human Services in the fiscal year for which the report is made,

(3) a description of the manner in which such functions were carried out, a description of the amount of funds expended in carrying out such functions, and a description and evaluation of the coordination with the Department of Health and Human Services in carrying out such functions,

(4) a description and evaluation of the effectiveness of experimental methods and programs implemented in carrying out such functions, recommendations for implementation of such methods and programs by others in carrying out their drug abuse prevention functions, and a description and evaluation of the effectiveness of the means used to disseminate information respecting such methods and programs, [and]

(5) proposals for changes in the drug abuse prevention functions carried out through the Department of Health and Human Services (including recommendations for legislation)[.],

(6) current information on the health consequences of marihuana use and such proposals for legislative and administrative action as the Secretary considers appropriate, and

(7) a description of the extent to which Federal and State programs, departments, and agencies are concerned and are dealing effectively with the problems of drug abuse, including information with respect to services provided for drug abuse under part B of title XIX of the Public Health Service Act.

The report required by this subsection shall be transmitted not later than January 15 of [each year] *each even-numbered year, beginning with 1984.*

(c)(1) In order to obtain the information required under subsection (b)(7) with respect to services provided for drug abuse under part B of title XIX of the Public Health Service Act, the Secretary shall work with appropriate national organizations to insure that State and local governments use compatible means of data collection so that uniform national data with respect to the provision of such services will be available to the States and to the Secretary.

(2) In carrying out paragraph (1) of this subsection and subsection (b)(7), the Secretary may not require any State to submit any information which is not required under section 1916(a) of the Public Health Service Act.".

§§ 406–409. * * *

§ 410. Grants and contracts for the demonstration of new and more effective prevention, treatment, and rehabilitation programs.

(a) The Secretary acting through the National Institute on Drug Abuse, may make grants to and enter into contracts with individuals and public and private nonprofit entities—

(1) to provide training seminars, educational programs, and technical assistance for the development, demonstration, and evaluation of drug abuse prevention, treatment, and rehabilitation programs; and

(2) to conduct demonstration and evaluation projects, with a high priority on prevention and early intervention projects and on identifying new and more effective drug abuse prevention, treatment, and rehabilitation programs.

In the implementation of his authority under this section, the Secretary shall accord a high priority to applications for grants or contracts for primary prevention programs. For purposes of the preceding sentence, primary prevention programs include programs designed to discourage persons from beginning drug abuse. To the extent that appropriations authorized under this section are used to fund treatment services, the Secretary shall not limit such funding to treatment for opiate abuse, but shall also provide support for treatment for non-opiate drug abuse including polydrug abuse. Furthermore, nothing shall prevent the use of funds provided under this section for programs and projects aimed at the prevention, treatment, and rehabilitation of alcohol abuse and alcoholism as well as drug abuse.

(b) There are authorized to be appropriated $25,000,000 for the fiscal year ending June 30, 1972; $65,000,000 for the fiscal year ending June 30, 1973; $100,000,000 for the fiscal year ending June 30, 1974; $160,000,000 for each of the fiscal years ending June 30, 1975 and June 30, 1976; $40,000,000 for the period July 1, 1976, through September 30, 1976; and $160,000,000 for each of the fiscal years ending September 30, 1977, and September 30, 1978, to carry out this section. For the fiscal year ending September 30, 1979, there is authorized to be appropriated (1) $153,000,000 for grants and contracts under paragraphs (3) and (6) of subsection (a) for drug abuse treatment programs, and (2) $24,000,000 for grants and contracts under such subsection for other programs and activities. For grants and contracts under paragraphs (3) and (6) of subsection (a) for drug abuse treatment programs there is authorized to be appropriated $149,000,000 for the fiscal year ending September 30, 1980, and $155,000,000 for the fiscal year ending September 30, 1981; and for grants and contracts under such subsection for other programs and activities there is authorized to be appropriated $20,000,000 for the fiscal year ending September 30, 1980, and $30,000,000 for the fiscal year ending September 30, 1981. Of the funds appropriated under the preceding sentence for the fiscal year ending September 30, 1980, at least 7 percent of the funds shall be obligated for grants and contracts for primary prevention and intervention programs designed to discourage individuals, particularly those in high risk populations, from abusing drugs; and of the funds appropriated under the preceding sentence for the next fiscal year, at least 10 percent of the funds shall be obligated for such grants and contracts. For carrying out the purposes of this section, there are authorized to be appropriated $15,000,0000 for the fiscal year ending September 30, 1982. Of the funds appropriated under the preceding sentence, at least 25 per centum of the funds shall be obligated for grants and contracts for primary prevention and intervention programs designed to discourage individuals, particularly individuals in high risk populations, from abusing drugs.

(c) (1) In carrying out this section, the Secretary shall require coordination of all applications for programs in a State and shall not

give precedence to public agencies over private agencies, institutions, and organizations, or to State agencies over local agencies.

(2) Each applicant within a State, upon filing its application with the Secretary for a grant or contract under this section, shall submit a copy of its application for review by the State agency (if any) responsible for the administration of drug abuse prevention activities. Such State agency shall be given not more than thirty days from the date of receipt of the application to submit to the Secretary, in writing, an evaluation of the project set forth in the application. Such evaluation shall include comments on the relationship of the project to other projects pending and approved and to any State comprehensive plan for treatment and prevention of drug abuse. The State shall furnish the applicant a copy of any such evaluations. A State if it so desires may, in writing, waive its rights under this paragraph.

(3) Approval of any application for a grant or contract under this section by the Secretary, including the earmarking of financial assistance for a program or project, may be granted only if the application substantially meets a set of criteria that

(A) provide that the activities and services for which assistance under this section is sought will be substantially administered by or under the supervision of the applicant;

(B) provide for such methods of administration as are necessary for the proper and efficient operation of such programs or projects; and

(C) provide for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of and accounting for Federal funds paid to the applicant.

(4) Each applicant within a State, upon filing its application with the Secretary for a grant or contract to provide treatment or rehabilitation services shall provide a proposed performance standard or standards, to measure, or research protocol to determine, the effectiveness of such treatment or rehabilitation program or project.

(d) The Secetary shall encourage the submission of and give special consideration to applications under this section to programs and projects aimed at underserved populations such as racial and ethnic minorities, [native Americans,] *Native Americans (including Native Hawaiians and Native American Pacific Islanders)*, youth, the elderly, women, handicapped individuals, and families of drug abusers.

(e) Payment under grants or contracts under this section may be made in advance or by way of reimbursement and in such installments as the Secretary may determine.

(f) Projects and programs for which grants and contracts are made or entered into under this section shall, in the case of prevention and treatment services, seek to (1) be responsive to special requirements of handicapped individuals in receiving such services; (2) whenever possible, be community based, insure care of good quality in general community care facilities and under health insurance plans, and be integrated with, and provide for the active participation of, a wide range of public and nongovernmental agencies, organizations, institutions, and individuals; (3) where a substantial number of the individuals in the population served by the project or program are of limited

English-speaking ability (A) utilize the services of outreach workers fluent in the language spoken by a predominant number of such individuals and develop a plan and make arrangements responsive to the needs of such population for providing services to the extent practicable in the language and cultural context most appropriate to such individuals, and (B) identify an individual who is fluent both in that language and English and whose responsibilities shall include providing guidance to the individuals of limited English speaking ability and to appropriate staff members with respect to cultural sensitivities and bridging linguistic and cultural differences; and (4) where appropriate, utilize existing community resources (including community mental health centers).

(g)(1) No grant may be made under this section to a State or to any entity within the government of a State unless the grant application has been duly authorized by the chief executive officer of such State.

(2) No grant or contract may be made under this section for a period in excess of five years.

(3)(A) The amount of any grant or contract under this section may not exceed 100 per centum of the cost of carrying out the grant or contract in the first fiscal year for which the grant or contract is made under this section, 80 per centum of such cost in the second fiscal year for which the grant or contract is made under this section, 70 per centum of such cost in the third fiscal year for which the grant or contract is made under this section, and 60 per centum of such cost in each of the fourth and fifth fiscal years for which the grant or contract is made under this section.

(B) For purposes of this paragraph, no grant or contract shall be considered to have been made under this section for a fiscal year ending before September 30, 1981.

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TITLE V—NATIONAL INSTITUTE ON DRUG ABUSE; NATIONAL ADVISORY COUNCIL ON DRUG ABUSE

Sec.
501. Establishment of Institute.
502. Technical assistance to State and local agencies.
503. Encouragement of research.
504. Review of programs and activities.

§§ 501–502. * * *

§ 503. Encouragement of research

(a) The Director shall encourage and promote (by grants, contracts, or otherwise) expanded research programs, investigations, experiments, demonstrations, and studies, into—

(1) the creation, development, and testing of synthetic analgesics, antitussives, and other drugs which are—

(A) nonaddictive, or

(B) less addictive than opium or its derivatives,

to replace opium and its derivatives in medical use;

(2) the creation, development, and testing of long-lasting, nonaddictive blocking or antagonistic drugs or other pharmacological substances for treatment of heroin addiction;

(3) the creation, development, and testing of detoxification agents which, when administered, will ease the physical effects of withdrawal from heroin addiction;

(4) the social, behavioral, and biomedical etiology, mental and physical health consequences, and social and economic consequences of drug abuse and drug dependence; and

(5) drug abuse prevention, treatment, and rehabilitation.

In carrying out this subsection the Director is authorized to establish, or provide for the establishment of, clinical research facilities.

(b) The Director may—

(1) make grants or enter into contracts with individuals and public and nonprofit entities for the purpose of determining the causes of drug abuse in a particular area, and

(2) make grants to and enter into contracts with individuals and public and private nonprofit entities for research respecting improved drug maintenance and detoxification techniques and programs.

(c) For the purposes of subsections (a) and (b), there are authorized to be appropriated $45,000,000 for the fiscal year ending September 30, 1982, *$46,356,000 for the fiscal year ending September 30, 1983, and $46,356,000 for the fiscal year ending September 30, 1984.*

§ 504. * * *

PUBLIC HEALTH SERVICE ACT

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TITLE II—ADMINISTRATION

§§ 201–206. * * *

APPOINTMENT OF PERSONNEL

SEC. 207. (a) (1) Except as provided in subsections (b) and (e) of this section, original appointments to the Regular Corps may be made only in the warrant officer (W–1), chief warrant officer (W–2), chief warrant officer (W–3), chief warrant officer (W–4), junior assistant, assistant, and senior assistant grades and original appointments to a grade above junior assistant shall be made only after passage of an examination, given in accordance with regulations of the President, in one or more of the several branches of medicine, dentistry, hygiene, sanitary engineering, pharmacy, *psychology*, nursing, or related scientific specialties in the field of public health.

(2) Original appointments to the Reserve Corps may be made to any grade up to and including the director grade but only after passage of an examination given in accordance with regulations of the President. Reserve commissions shall be for an indefinite period and may be terminated at any time, as the President may direct.

(3) No individual who has attained the age of forty-four shall be appointed to the Regular Corps, or called to active duty in the Reserve Corps for a period in excess of one year, unless (A) he has had a number of years of active service (as defined in section 211(d)) equal to the number of years by which his age exceeds forty-four, or (B) the Surgeon General determines that he possesses exceptional qualifica-

tions, not readily available elsewhere in the Commissioned Corps of the Public Health Service, for the performance of special duties with the Service, or (C) in the case of an officer of the Reserve Corps, the Commissioned Corps of the Service has been declared by the President to be a military service.

(b) (1) Not more than 10 per centum of the original appointments to the Regular Corps authorized to be made during any fiscal year may be made to grades above that of senior assistant, but no such appointment (other than an appointment under section 204) may be made to a grade above that of director. For the purpose of this subsection the number of original appointments authorized to be made during a fiscal year shall be (1) the excess of the number of officers of the Regular Corps authorized by the appropriation Act or Acts for such year over the number of officers on active duty in the Regular Corps on the first day of such year, plus (2) the number of such officers of the Regular Corps who, during such fiscal year, have been or will be retired upon attainment of age sixty-four or have for any other reason ceased to be on active duty. In determining the number of appointments authorized by this subsection an appointment shall be deemed to be made in the fiscal year in which the nomination is transmitted by the President to the Senate.

(2) In addition to the number of original appointments to the Regular Corps authorized by paragraph (1) to be made to grades above that of senior assistant, original appointments authorized to be made to the Regular Corps in any year may be made to grades above that of senior assistant, but not above that of director, in the case of any individual who—

(A) (i) was on active duty in the Regular Corps on July 1, 1960, (ii) was on such active duty continuously for not less than one year immediately prior to such date, and (iii) applies for appointment to the Regular Corps prior to July 1, 1962; or

(B) does not come within clause (A) (i) and (ii) but was on active duty in the Reserve Corps continuously for not less than one year immediately prior to his appointment to the Regular Corps and has not served on active duty continuously for a period occurring after June 30, 1960, of more than three and one-half years prior to applying for such appointment.

(3) No person shall be appointed pursuant to this subsection unless he meets standards established in accordance with regulations of the President.

(c) Commissions evidencing the appointment by the President of officers of the Regular or Reserve Corps shall be issued by the Secretary under the seal of the Department of Health, Education, and Welfare.

(d) (1) For purposes of basic pay and for purposes of promotion, any person appointed under subsection (a) to the grade of senior assistant in the Regular Corps and any person appointed under subsection (b), shall, except as provided in paragraphs (2) and (3) of this subsection, be considered as having had on the date of appointment the following length of service: Three years if appointed to the senior assistant grade, ten years if appointed to the full grade, seven-

teen years if appointed to the senior grade, and eighteen years if appointed to the director grade.

(2) For purposes of basic pay, any person appointed under suubsection (a) to the grade of senior assistant in the Regular Corps, and any person appointed under subsection (b), shall, in lieu of the credit provided in paragraph (1), be credited with the service for which he is entitled to credit under any other provision of law if such service exceeds that to which he would be entitled under such paragraph.

(3) For purposes of promotion, any person originally appointed in the Regular Corps to the senior assistant grade or above who has had active service in the Reserve Corps shall be considered as having had on the date of appointment the length of service provided for in paragraph (1), plus whichever of the following is greater: (A) The excess of his total active service in the Reserve Corps (above the grade of junior assistant) over the length of service provided in such paragraph, to the extent that such excess is on account of service in the Reserve Corps in or above the grade to which he is appointed in the Regular Corps or (B) his active service in the same or any higher grade in the Reserve Corps after the first day on which, under regulations in effect on the date of his appointment to the Regular Corps, he would have had the training and experience necessary for such appointment.

(4) For purposes of promotion, any person whose original appointment is to the assistant grade in the Regular Corps shall be considered as having had on the date of appointment service equal to his total active service in the Reserve Corps in and above the assistant grade.

(e) (1) A former officer of the Regular Corps may, if application for appointment is made within two years after the date of the termination of his prior commission in the Regular Corps, be reappointed to the Regular Corps without examination, except as the Surgeon General may otherwise prescribe, and without regard to the numerical limitations of subsection (b).

(2) Reappointments pursuant to this subsection may be made to the permanent grade held by the former officer at the time of the termination of his prior commission, or to the next higher grade if such officer meets the eligibility requirements prescribed by regulation for original appointment to such higher grade. For purposes of pay, promotion, and seniority in grade, such reappointed officer shall receive the credits for service to which he would be entitled if such appointment were an original appointment, but in no event less than the credits he held at the time his prior commission was terminated, except that if such officer is reappointed to the next higher grade he shall receive no credit for seniority in grade.

(3) No former officer shall be reappointed pursuant to this subsection unless he shall meet such standards as the Secretary may prescribe.

(f) In accordance with regulations, special consultants may be employed to assist and advise in the operations of the Service. Such consultants may be appointed without regard to the civil-service laws and their compensation may be fixed without regard to the Classification Act of 1923, as amended.[1]

(g) In accordance with regulations, individual scientists, other than commissioned officers of the Service, may be designated by the Surgeon General to receive fellowships, appointed for duty with the Service without regard to the civil-service laws and compensated without regard to the Classification Act of 1923, as amended,[1] may hold their fellowships under conditions prescribed therein, and may be assigned for studies or investigations either in this country or abroad during the terms of their fellowships.

(h) Persons who are not citizens may be employed as consultants pursuant to subsection (e) and may be appointed to fellowships pursuant to subsection (f). Unless otherwise specifically provided, any prohibition in any other Act against the employment of aliens, or against the payment of compensation to them, shall not be applicable in the case of persons employed or appointed pursuant to such subsections.

(i) The appointment of any officer or employee of the Service made in accordance with the civil-service laws shall be made by the Secretary, and may be made effective as of the date on which such officer or employee enters upon duty.

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TITLE III—GENERAL POWERS AND DUTIES OF PUBLIC HEALTH SERVICE

PART A—RESEARCH AND INVESTIGATION

IN GENERAL

SEC. 301. (a) The Secretary shall conduct in the Service, and encourage, cooperate with, and render assistance to other appropriate public authorities, scientific institutions, and scientists in the conduct of, and promote the coordination of, research, investigations, experiments, demonstrations, and studies relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man, including water purification, sewage treatment, and pollution of lakes and streams. In carrying out the foregoing the Secretary is authorized to—

(1) collect and make available through publications and other appropriate means, information as to, and the practical application of, such research and other activities;

(2) make available research facilities of the Service to appropriate public authorities, and to health officials and scientists engaged in special study;

(3) make grants-in-aid to universities, hospitals, laboratories, and other public or private institutions, and to individuals for such research projects as are recommended by the National Advisory Health Council, or, with respect to cancer, recommended by the National Cancer Advisory Board, or, with respect to mental health, recommended by the National Advisory Mental Health Council, or with respect to heart, blood vessel, lung, and blood diseases and blood resources, recommended by the National Heart, Lung, and Blood Advisory Council, or, with respect to dental

diseases and conditions, recommended by the National Advisory Dental Research Council, and include in the grants for any such project grants of penicillin and other antibiotic compounds for use in such project; and make, upon recommendation of the National Advisory Health Council, grants-in-aid to public or nonprofit universities, hospitals, laboratories, and other institutions for the general support of their research: *Provided*, That such uniform percentage, not to exceed 15 per centum, as the Secretary may determine, of the amounts provided for grants for research projects for any fiscal year through the appropriations for the National Institutes of Health may be transferred from such appropriations to a separate account to be available for such research grants-in-aid for such fiscal year;

(4) secure from time to time and for such periods as he deems advisable, the assistance and advice of experts, scholars, and consultants from the United States or abroad;

(5) for purposes of study, admit and treat at institutions, hospitals, and stations of the Service, persons not otherwise eligible for such treatment;

(6) make available, to health officials, scientists, and appropriate public and other nonprofit institutions and organizations, technical advice and assistance on the application of statistical methods of experiments, studies, and surveys in health and medical fields;

(7) enter into contracts, including contracts for research in accordance with and subject to the provisions of law applicable to contracts entered into by the military departments under title 10, United States Code, sections 2353 and 2354, except that determination, approval, and certification required thereby shall be by the Secretary of Health, Education, and Welfare; and

(8) adopt, upon recommendations of the National Advisory Health Council, or with respect to cancer, upon recommendation of the National Cancer Advisory Board or with respect to mental health, upon recommendation of the National Advisory Mental Health Council, or, with respect to heart, blood vessel, lung, and blood diseases and blood resources, upon recommendation of the National Heart, Lung, and Blood Advisory Council, or, with respect to dental diseases and conditions, upon recommendation of the National Advisory Dental Research Council, such additional means as he deems necessary or appropriate to carry out the purposes of this section.

The Secretary may make available to individuals and entities, for biomedical and behavioral research, substances and living organisms. Such substances and organisms shall be made available under such terms and conditions (including payment for them) as the Secretary determines appropriate.

(b)(1) The Secretary shall conduct and may support through grants and contracts studies and testing of substances for carcinogenicity, teratogenicity, mutagenicity, and other harmful biological effects. In carrying out this paragraph, the Secretary shall consult with entities of the Federal Government, outside of the Department of Health, Education, and Welfare, engaged in comparable

activities. The Secretary, upon request of such an entity and under appropriate arrangements for the payment of expenses, may conduct for such entity studies and testing of substances for carcinogenicity, teratogenicity, mutagenicity, and other harmful biological effects.

(2)(A) The Secretary shall establish a comprehensive program of research into the biological effects of low-level ionizing radiation under which program the Secretary shall conduct such research and may support such research by others through grants and contracts.

(B) The Secretary shall conduct a comprehensive review of Federal programs of research on the biological effects of ionizing radiation.

(3) The Secretary shall conduct and may support through grants and contracts research and studies on human nutrition, with particular emphasis on the role of nutrition in the prevention and treatment of disease and on the maintenance and promotion of health, and programs for the dissemination of information respecting human nutrition to health professionals and the public. In carrying out activities under this paragraph, the Secretary shall provide for the coordination of such of these activities as are performed by the different divisions within the Department of Health, Education, and Welfare and shall consult with entities of the Federal Government, outside of the Department of Health, Education, and Welfare, engaged in comparable activities. The Secretary, upon request of such an entity and under appropriate arrangements for the payment of expenses, may conduct and support such activities for such entity.

(4) The Secretary shall publish an annual report which contains—

(A) a list of all substances (i) which either are known to be carcinogens or may reasonably be anticipated to be carcinogens and (ii) to which a significant number of persons residing in the United States are exposed;

(B) information concerning the nature of such exposure and the estimated number of persons exposed to such substances;

(C) a statement identifying (i) each substance contained in the list under subparagraph (A) for which no effluent, ambient, or exposure standard has been established by a Federal agency, and (ii) for each effluent, ambient, or exposure standard established by a Federal agency with respect to a substance contained in the list under subparagraph (A), the extent to which, on the basis of available medical, scientific, or other data, such standard, and the implementation of such standard by the agency, decreases the risk to public health from exposure to the substance; and

(D) a description of (i) each request received during the year involved—

(I) from a Federal agency outside the Department of Health, Education, and Welfare for the Secretary, or

(II) from an entity within the Department of Health, Education, and Welfare to any other entity within the Department,

to conduct research into, or testing for, the carcinogenicity of spubstances or to provide information described in clause (ii) of

subparagraph (C), and (ii) how the Secretary and each such other entity, respectively, have responded to each such request.

(5) The authority of the Secretary to enter into any contract for the conduct of any study, testing, program, research, or review, or assessment under this subsection shall be effective for any fiscal year only to such extent or in such amounts as are provided in advance in appropriation Acts.

(c) In carrying out subsection (a)(1), and in order to educate the public with respect to the health hazards of drug abuse, the Secretary shall take such actions as may be necessary to ensure the complete and widespread dissemination of up-to-date publications of the National Institute of Drug Abuse relating to the most recent research findings with respect to such health hazards.

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MARIHUANA AND HEALTH REPORTING ACT

[TITLE V—MARIHUANA

[CONGRESSIONAL FINDINGS

[SEC. 501. The Congress finds that the use of marihuana is increasing in the United States, especially among the young people thereof, and that there is need for a better understanding of the health consequences of using marihuana. The Congress further finds that, notwithstanding the various studies carried out, and research engaged in, with respect to the use of marihuana, there is a lack of an authoritative source for obtaining information involving the health consequences of using marihuana.

[HEALTH-RESEARCH REPORTS

[SEC. 502. The Secretary of Health, Education, and Welfare, after consultation with the Surgeon General and other appropriate individuals, shall transmit a report to the Congress on or before January 31, 1971, and biennially thereafter (1) containing current information on the health consequences of using marihuana, and (2) containing such recommendations for legislative and administrative action as he may deem appropriate. A preliminary report shall be transmitted to the Congress by the Secretary concerning current information on the health consequences of using marihuana not later than ninety (90) days after the date of enactment of this title.

[SHORT TITLE

[SEC. 503. This title may be cited as the "Marihuana and Health Reporting Act".] [1]

[1] Note: Effective January 15, 1984, the Marihuana and Health Reporting Act is repealed.

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COMPREHENSIVE ALCOHOL ABUSE AND ALCOHOLISM PREVENTION, TREATMENT, AND REHABILITATION ACT AMENDMENTS OF 1979

§§ 1–17. * * *

§ 18. (a) (1) There is established a Commission to be known as the National Commission on Alcoholism and Other Alcohol-Related Problems (hereinafter in this section referred to as the "Commission"). The Commission shall be composed of—

(A) four Members of the Senate appointed by the President of the Senate upon the recommendation of the majority and minority leaders;

(B) four Members of the House of Representatives appointed by the Speaker of the House of Representatives upon the recommendation of the majority and minority leaders;

(C) nine public members appointed by the President; and

(D) not more than four nonvoting members appointed by the President from individuals employed in the administration of programs of the Federal Government which affect the prevention and treatment of alcoholism and the rehabilitation of alcoholics and alcohol abusers.

At no time shall more than two members appointed under subparagraph (A), more than two of the members appointed under subparagraph (B), or more than five of the members appointed under subparagraph (C) be members of the same political party.

(2) (A) The President shall designate one of the members of the Commission as Chairman, and one as Vice Chairman. Nine members of the Commission shall constitute a quorum, but a lesser number may conduct hearings. Members appointed under paragraph (1) (D) shall not be considered in determining a quorum of the Commission.

(B) Members of the Commission shall serve without compensation, but shall be reimbursed for travel, subsistence, and other necessary expenses incurred in the performance of the duties vested in the Commission.

(C) The Commission shall meet at the call of the Chairman or at the call of the majority of the members thereof.

(3) (A) The Commission may appoint, without regard to the provisions of title 5, United States Code, governing appointments in the competitive service, an executive secretary to assist the Commission in carrying out its functions.

(B) The Secretary shall provide the Commission with such additional professional and clerical staff, such information, and the services of such consultants as the Secretary determines necessary for the Commission to carry out effectively its functions.

(C) The Commission may secure directly from any department or agency of the United States information necessary to enable it to carry out its duties under this section. Upon request of the Chairman of the Commission, the head of such department or agency shall furnish such information to the Commission consistent with applicable laws and regulations with respect to the privacy of medical records.

(b) The Commission shall conduct a study of alcoholism and alcohol-related problems and shall include in the study—

(1) an assessment of unmet treatment and rehabilitation needs of alcoholics and their families;

(2) an assessment of personnel needs in the fields of research, treatment, rehabilitation, and prevention;

(3) an assessment of the integration and financing of alcoholism treatment and rehabilitation into health and social health care services within communities;

(4) a study of the relationship of alcohol use to aggressive behavior and crime;

(5) a study of the relationship of alcohol use to family violence;

(6) a study of the relationship of alcoholism to illnesses, particularly those illnesses with a high stress component, among family members of alcoholics;

(7) an evaluation of the effectiveness of prevention programs, including the relevance of alcohol control laws and regulations to alcoholism and alcohol-related problems;

(8) a survey of the unmet research needs in the area of alcoholism and alcohol-related problems;

(9) a survey of the prevalence of occupational alcoholism and alcohol abuse programs offered by Federal contractors; and

(10) an evaluation of the needs of special and underserved population groups, including American Indians, Alaskan Natives, *Native Hawaiians*, *Native American Pacific Islanders*, youth, the elderly, women, and the handicapped and assess the adequacy of existing services to fulfill such needs.

(c) The Commission shall submit to the President and the Congress such interim reports as it deems advisable and shall within two years after the date on which funds first become available to carry out this section submit to the President and the Congress a final report which shall contain a detailed statement of its findings and conclusions and also such recommendations for legislation and administrative actions as it deems appropriate. The Commission shall cease to exist sixty days after the final report is submitted under this subsection.

(d) The Secretary of Health, Education, and Welfare shall be responsible for the coordination of the activities of the Commission.

(e) There are authorized to be appropriated for the purposes of this section $1,000,000 to remain available until the expiration of the Commission.

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XI. ADDITIONAL VIEWS OF MESSRS. HUMPHREY AND NICKLES

Although we support this legislation in all respects but one—the funding level—we felt compelled to vote against it in the Labor and Human Resources Committee. We have carefully reviewed all the budget justifications provided by the Administration as well as our colleagues on the Labor and Human Resources Committee on the need for expanded programing at both the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. Our work on this Committee has made it painfully clear that alcohol and drug abuse are having a crippling effect on our citizens and particularly our young people. This year the Subcommittee on Alcoholism and Drug Abuse held oversight hearings on NIDA and NIAAA and found their work in this field to be of the highest caliber. There is no question in our minds that these Institutes are deserving of additional funding and could put it to effective use.

However, in our view that is not the question currently before us. Today the debt ceiling stands at one trillion 79.8 billion and the Senate will shortly be called upon to vote to raise that ceiling or allow the country to face bankruptcy.

Estimates on the national debt this year have varied widely but recently have been projected as high as 182 billion for 1983, if nothing is done to reduce current spending. OMB estimates that the interest on the public debt in 1982 will be 115.7 billion dollars. This has placed the U.S. government in the position of borrowing more than one third of the money available in domestic credit markets. This Federal borrowing is crowding out private sector borrowing, making it more difficult for businesses to expand and for individuals to purchase homes and cars.

Our concern is that continued growth in spending will seriously threaten this government's ability to provide vital programing in the future. We believe it is imperative that we defer increased spending to a time when the economy can accommodate it. Now is not that time.

In fact, the day before the Labor and Human Resources Committee met to mark up this legislation the Senate Budget Committee adopted a budget compromise calling for a freeze on discretionary spending. The funding levels originally introduced in S. 2365 were $24,813,000 for alcohol research and $41,733,000 for drug research. These figures represent modest increases over the Continuing Resolution figures for alcohol and drug research while keeping the overall budgets of the two Institutes at 1982 levels. We believe these levels would have permitted the continuation of vital programing while holding the line on spending.

It is our belief that the economic crisis is the overriding crisis to which all other matters must be subordinated. For this reason, and only this reason, we voted against the increased funding levels in this legislation.

GORDON J. HUMPHREY.
DON NICKLES.

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